

**APPLICATION DATA SHEET****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	COIL ARRAY FOR MAGNETIC RESONANCE IMAGING
Attorney Docket Number::	UNI-116 US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	8
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AU
Status::	Full Capacity
Given Name::	David
Middle Name::	Michael
Family Name::	Doddrell
City of Residence::	Westlake
State or Prov. of Residence::	Queensland
Country of Residence::	AU
Street of Mailing Address::	6 Lucerne Street
City of Mailing Address::	Westlake
State or Prov. of Mailing Address::	Queensland
Country of Mailing Address::	AU
Postal or Zip Code of Mailing Address::	4074

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AU  
Status:: Full Capacity  
Given Name:: Stuart  
Family Name:: Crozier  
City of Residence:: Wilston  
State or Prov. of Residence:: Queensland  
Country of Residence:: AU  
Street of Mailing Address:: 60 Main Street  
City of Mailing Address:: Wilston  
State or Prov. of Mailing Address:: Queensland  
Country of Mailing Address:: AU  
Postal or Zip Code of Mailing Address:: 4051

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AU  
Status:: Full Capacity  
Given Name:: Kurt  
Family Name:: Luescher  
City of Residence:: Indooroopilly  
State or Prov. of Residence:: Queensland  
Country of Residence:: AU  
Street of Mailing Address:: 108 Russell Terrace  
City of Mailing Address:: Indooroopilly  
State or Prov. of Mailing Address:: Queensland  
Country of Mailing Address:: AU  
Postal or Zip Code of Mailing Address:: 4068

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AU  
Status:: Full Capacity  
Given Name:: Wolfgang  
Middle Name:: Udo  
Family Name:: Roffman  
City of Residence:: Mount Gravatt East  
State or Prov. of Residence:: Queensland  
Country of Residence:: AU  
Street of Mailing Address:: 57 Tallowood Place  
City of Mailing Address:: Mount Gravatt East  
State or Prov. of Mailing Address:: Queensland  
Country of Mailing Address:: AU  
Postal or Zip Code of Mailing Address:: 4122

**Correspondence Information**

Correspondence Customer No.: 23520

<b>Representative Customer Number::</b>	23520
---	-------

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/AU2003/001116	08/29/2003

**Foreign Priority Information**

<b>Country::</b>	<b>Application No.::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
AU	2002951096	08/30/2002	Yes

**Assignee Information**

Assignee name:: The University of Queensland  
City of mailing address:: St. Lucia  
State or Province of mailing address:: Queensland  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 4067